## Sun 'N Fun Kids Camps

Child's Name			Home P	honeMc	ıleFemale	
Addrocc		0 - 1 1	City	Grade going	_ZIP	
AgeSchool		Scnool	Marile Discussion	Grade going	INTO	
Mother's Name			work Phone	Cell Phon	e	
AgeBirthdateSchool_ Mother's NameFather's Name			WORK PRIONE	eCeli Phon	е	
Bood your or me	ariave arry prin					
If yes, please e	'			Phono		
Emergency Contact			Physician Phone			
Primary Insurance Company				Physician Phone Primary Group/Policy #		
				Fill flary Group/Folicy #	-	
Please chec	ck the classes 8	times you wish	to register for	Miscellaneous Informa	tion:	
Camp Date	Theme	8:30-12:30	1:00-5:00	Plan a few minutes for registration prior to the session. Campers must be checked into and ou of the facility by a guardian and pick-up arrangements must be indicated. We will not		
June 12 - 16	Summer Safety					
June 19 - 23	Animal Week			release youth to anyone other than the designated person.		
June 26 - 30	Sun, Sand, & Water			Youth MUST be picked up ON TIME! If youth are left past the pick up time, they will be admitted into the KIDZONE and KIDZONE fees will be charged. We are sorry, but we can not allow youth to wait unattended in the foyer or park areas as their safety is our concern.		
July 3 - 7	No Camp	No Camp	No Camp			
July 10 -14	Sail the 7 Seas					
July 17 - 21	Flowers & Bugs					
July 25 - 28	Utah History					
July 31 - August 4	Our Senses			If, during the course of my daughter's/son's activities, she/he should become ill or sustain an injury, I hereby authorize you to obtain emergency medical/dental care.		
August 7 - 11	Wacky Olympics					
August 14 - 18	Survivor Week					
				I will assume financial responsibility for the bills incurred through my insurance company.		
				Signed:	Date	
				I do not authorize emergeno	cy medical/dental	
				care for my daughter/son.  Signed:	Date	
ΙΙΔΒΙΙΙΤΎ RELEA	ASE AND PERMIS	SSION TO PARTIC	ΙΡΔΤΕ			
In consideration of	of the acceptance	of my application fo	or the above activity,	I hereby waive, release, and dis ny child may have, or which may		
a result of particip	ation in said even	t. It is understood	that some recreation	al activities involve an element of the ser understood and agreed that	of risk or danger of	
and assumption of liability release, a	of risks is to be bin nd consent to trea	ding on my heirs and the second to the design to the design and the second to the design and the	nd assigns. I have re all their terms and c	ead and understood the foregoing conditions. It is also known that	ng registration, lunch willnot be	
provided by the ca	amp and must be	brought from home	. I further understan	d that there are no refunds or p		
					OFFICE USE ONLY Paid \$ CSH CHK VSA	
Parent/Guardian Signature				Date	MC DEBT Date Stoff	